

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 91547220	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		1				
6	1					
7		1				
8		1				
9		1				
10	1					
11		1				
12		1				
13	2					
14	2					
15	2					
16	2					
17	2					
18	2					
19	1					
20		1				
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49						
50						
TOTAL IND.	5					
TOTAL DEP.	32					
TOTAL CLAIMS	37					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL DEP.								
TOTAL CLAIMS								

Best Available Copy